



**State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920**

For Office Use only:
Check# _____
Date: _____ Amt. _____

**Division of
Design
Professionals**

**BOARD OF EXAMINATION AND
REGISTRATION OF ARCHITECTS**

<ul style="list-style-type: none"> • Renewal Expiration Date: 12/31/15 • Renewal Fee: \$120 • Renewal of an Expired Certificate Fee: \$60 • Indicate registration number on check. • Make checks payable to: General Treasurer, State of RI 	<input type="checkbox"/> Yes, I want to renew. <input type="checkbox"/> No, I do not want to renew. Enclosed is my stamp and/or seal pursuant to RI General Laws §5-1-12(b). <input type="checkbox"/> Requesting Emeritus Status – (Honorary Title-Retired Arch Prohibited from Practicing)		
<p>It is your responsibility to keep the Board apprised of all address and phone number changes.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-right: 1px solid black; vertical-align: top;"> RI Architect Registration #: _____ Name: _____ Address: _____ Phone: () _____ </td> <td style="width:50%; vertical-align: top;"> Change of Address: (If Applicable) _____ _____ _____ Email address: _____ </td> </tr> </table>		RI Architect Registration #: _____ Name: _____ Address: _____ Phone: () _____	Change of Address: (If Applicable) _____ _____ _____ Email address: _____
RI Architect Registration #: _____ Name: _____ Address: _____ Phone: () _____	Change of Address: (If Applicable) _____ _____ _____ Email address: _____		
<p>Name and Address of Firm or Employer: _____ _____ _____ Phone: () _____ Email address: _____</p>			
<p>I have satisfied and can provide supporting documentation for the <u>CONTINUING EDUCATION REQUIREMENTS</u> for Calendar Years 2014 and 2015. YES NO NUMBER OF HOURS REQUIRED: 24 Hours of which 16 must be in Health, Safety and Welfare (HSW) If you answered "NO," please attach a <i>Corrective Action Plan</i> in accordance with the <i>Rules and Regulations, Section 8.</i></p> <p>_____</p>			
<p>Has any State Board made you the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to your license to practice architecture since your last renewal? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please briefly explain and indicate the jurisdiction on an attachment.</p> <p>_____</p>			
<p>I know and understand that in order to practice or to offer to practice architecture in the State of Rhode Island, I must obtain a Certificate of Authorization (COA) in addition to this registration. <u>PLEASE ACKNOWLEDGE BY CHECKING THE BOX.</u></p>			
<p>RENEWALS RECEIVED AFTER DECEMBER 31 SUBJECT TO PENALTY – Payment must be postmarked by December 31, otherwise your registration will be considered expired. Before practicing or offering to practice architecture in this State, expired registrants must pay the biennial renewal fee of \$120 plus a \$60 Renewal of an Expired Certificate Fee. Should you wish to allow your registration to lapse, you must return your Rhode Island Architectural Registration Stamp pursuant to RI General Laws §5-1-12(b).</p>			
<p>I have read carefully the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my registration in the State of Rhode Island. I understand that this is a continuing application and that I have an affirmative duty to inform the <i>Board of Examination and Registration of Architects</i> of any change in the answers to these questions after this application is signed.</p> <p>Signature of Applicant: _____ Date: _____</p>			



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Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (including area code if not 401)

Date